

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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45								95			
46								96			
47								97			
48	/							98			
49	/							99			
50	/							100			
TOTAL IND.								TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			